

SECOND REGULAR SESSION

# HOUSE BILL NO. 2283

## 95TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVES HOBBS (Sponsor), NANCE,  
JONES (89) AND HOSKINS (80) (Co-sponsors).

5030L.011

D. ADAM CRUMBLISS, Chief Clerk

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### AN ACT

To repeal section 376.427, RSMo, and to enact in lieu thereof one new section relating to payment of health insurance claims.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Section 376.427, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 376.427, to read as follows:

376.427. 1. As used in this section, the following terms mean:

(1) "Health care services", medical, surgical, dental, podiatric, pharmaceutical, chiropractic, licensed ambulance service, and optometric services;

(2) "Insured", any person entitled to benefits under a contract of accident and sickness insurance, or medical-payment insurance issued as a supplement to liability insurance but not including any other coverages contained in a liability or a workers' compensation policy, issued by an insurer;

(3) "Insurer", any person, reciprocal exchange, interinsurer, fraternal benefit society, health services corporation, self-insured group arrangement to the extent not prohibited by federal law, or any other legal entity engaged in the business of insurance;

(4) "Provider", a physician, hospital, dentist, podiatrist, chiropractor, pharmacy, licensed ambulance service, or optometrist, licensed by this state.

2. Upon receipt of an assignment of benefits made by the insured to a provider, the insurer shall issue the instrument of payment for a claim for payment for health care services in the name of the provider. All claims shall be paid within thirty days of the receipt by the insurer of all documents reasonably needed to determine the claim.

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17           3. Nothing in this section shall preclude an insurer from voluntarily issuing an instrument  
18 of payment in the single name of the provider.

19           4. [This section shall not require] Any insurer, health services corporation, health  
20 maintenance corporation or preferred provider organization which directly contracts with certain  
21 members of a class of providers for the delivery of health care services [to] **shall** issue payment  
22 as provided pursuant to this section **directly** to those members of the class which do not have  
23 a contract with the insurer.

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